

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

SEP 25 2017 *DL*THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Bonjour Mack
(Name of the plaintiff or plaintiffs)

v.

CHICAGO TRANSIT AUTHORITY

(Name of the defendant or defendants)

CIVIL ACTION

1:17-cv-06908
Judge Joan H. Lefkow
Magistrate Judge Maria Valdez

COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.
2. The plaintiff is BONJOUR MACK of the
county of COOK in the state of ILLINOIS.
3. The defendant is CHICAGO TRANSIT AUTHORITY, whose
street address is 567 WEST LAKE STREET,
(city) CHICAGO (county) COOK (state) ILLINOIS (ZIP) 60661
(Defendant's telephone number) (312) 681-2276
4. The plaintiff sought employment or was employed by the defendant at (street address)
567 WEST LAKE STREET (city) CHICAGO
(state) ILLINOIS (ZIP code) 60661

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

5. The plaintiff [*check one box*]

- (a) ☐ was denied employment by the defendant.
(b) ☒ was hired and is still employed by the defendant.
(c) ☐ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about,
(month) 12, (day) 08, (year) 2014.

7.1 (*Choose paragraph 7.1 or 7.2, do not complete both.*)

(a) The defendant is not a federal governmental agency, and the plaintiff [*check one box*] ☐ *has not* filed a charge or charges against the defendant ☒ *has* asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

(i) ☒ the United States Equal Employment Opportunity Commission, on or about
(month) _____ (day) _____ (year) _____.

(ii) ☐ the Illinois Department of Human Rights, on or about
(month) 08 (day) 09 (year) 2015.

(b) If charges *were* filed with an agency indicated above, a copy of the charge is attached. ☒ YES. ☐ NO, **but plaintiff will file a copy of the charge within 14 days.**

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

defendant asserting the acts of discrimination indicated in this court complaint.

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 440-2015-05871 </div> </div>	
Illinois Department Of Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Ms. Bonjour K. Mack		Home Phone (Incl. Area Code) (312) 388-6688	Date of Birth 03-28-1967
Street Address City, State and ZIP Code 6400 North Sheridan Road, Apt. 1011, Chicago, IL 60626			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CHICAGO TRANSIT AUTHORITY		No. Employees, Members 500 or More	Phone No. (Include Area Code) (312) 681-2276
Street Address City, State and ZIP Code 567 West Lake Street, Chicago, IL 60661			
Name 		No. Employees, Members 	Phone No. (Include Area Code)
Street Address City, State and ZIP Code 			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>			DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <div style="text-align: right; font-weight: bold;">12-09-2014</div> <div style="margin-top: 10px;"><input type="checkbox"/> CONTINUING ACTION</div>
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was hired by Respondent on or about September 11, 2006. My job title was Bus Operator. Respondent was aware of my disability. During my employment, I requested a reasonable accommodation, which was not provided. On or about December 9, 2014, I was discharged.</p> <p>I believe that I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990, as amended.</p> <div style="text-align: right; margin-top: 20px;">AUG 11 2015</div>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.	NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
<div style="display: flex; justify-content: space-between;"> <div> Aug 11, 2015 <hr/> Date </div> <div> <hr/> Charging Party Signature </div> </div>	<div style="text-align: right; margin-top: 20px;">AUG 11 2015</div>

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

☐ Yes (month)_____ (day)_____ (year) _____

☐ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month)_____
(day) _____ (year) _____.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☐ YES ☐ NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ YES ☐ NO, but a copy will be filed within 14 days.

8. (Complete paragraph 8 only if defendant is not a federal governmental agency.)

(a) ☒ the United States Equal Employment Opportunity Commission has not issued
a *Notice of Right to Sue*.

(b) ☐ the United States Equal Employment Opportunity Commission has issued a
Notice of Right to Sue, which was received by the plaintiff on
(month) 06 (day) 26 (year) 2017 a copy of which
Notice is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [**check only those that apply**]:

(a) ☐ Age (Age Discrimination Act of 1967 and 29 U.S.C. § 623)

(b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).



**U.S. Department of
Civil Rights Division**

*Disability Rights Section - NYA
950 Pennsylvania Ave, NW
Washington, DC 20530*

June 26, 2017

DJ# 205-23-0

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Bonjour K. Mack
6400 North Sheridan Road
Apartment 1214
Chicago, IL 60626

Re:	EEOC Charge Against:	Chicago Transit Authority
	EEOC No.:	440-2015-05871
	DJ#:	205-23-0

Dear Ms Mack:

NOTICE OF RIGHT TO SUE WITHIN 90 DAYS

It has been determined that the Department of Justice (the Department) has received the above-referenced charge of discrimination that was referred to us by the Opportunity Commission (EEOC). This should not be taken to mean that the Department has made a judgment as to whether or not your charge is meritorious.

You are hereby notified that conciliation on your case was unsuccessful. You are further notified that you have the right to institute a civil action under the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12111, et seq., against the named respondent. If you choose to commence a civil action, such suit must be filed in the appropriate court within 90 days of your receipt of this Notice.

Therefore, if you wish to pursue this matter, you should consult an attorney at your convenience. If you are unable to locate an attorney, you may wish to contact the appropriate court, since that court may appoint an attorney in appropriate circumstances under Section 706(f)(1) of the Civil Rights Act of 1964.

We are returning the files in this matter to EEOC's District Office. If you or your attorney, have any questions concerning this matter or wish to inspect the investigative file, please address your inquiry to:

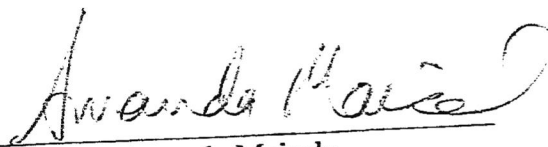
Julianne Bowman
District Director
Equal Employment Opportunity Commission
Chicago District Office
500 West Madison Street, Suite 2000
Chicago, IL 60661

Enclosed you will find a list of state resources and a Notice of Rights under the ADA Amendments Act of 2008 (ADAAA).

We are forwarding a copy of this Notice of Right to Sue to the Respondent in this case.

Sincerely,

T.E. Wheeler, II
Acting Assistant Attorney General

BY: 
Amanda Maisels
Deputy Chief
Disability Rights Section

Enclosure:

Illinois State Resources
Notice of Rights under the ADAAA

cc: Chicago Transit Authority c/o Caroline Page, Senior Attorney
EEOC – Chicago District Office

- (c) ☒ Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)

10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).

11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.

12. The defendant [*check only those that apply*]

- (a) ☐ failed to hire the plaintiff.
- (b) ☐ terminated the plaintiff's employment.
- (c) ☐ failed to promote the plaintiff.
- (d) ☐ failed to reasonably accommodate the plaintiff's religion.
- (e) ☒ failed to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ failed to stop harassment;
- (g) ☐ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
- (h) ☐ other (specify): _____

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

- (c) ☒ Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)

10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).

11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.

12. The defendant [*check only those that apply*]

- (a) ☐ failed to hire the plaintiff.
- (b) ☐ terminated the plaintiff's employment.
- (c) ☐ failed to promote the plaintiff.
- (d) ☐ failed to reasonably accommodate the plaintiff's religion.
- (e) ☒ failed to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ failed to stop harassment;
- (g) ☐ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
- (h) ☐ other (specify): _____

13. The facts supporting the plaintiff's claim of discrimination are as follows:

See copies of supporting facts (attached)
My time in an inactive status had not expired. The (1) year extension
CTA alleged I did not take advantage of and was proper
protocol in 2 years was prematurely offered. Ergo
I was wrongfully discharged.

14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff
[check only those that apply]

- (a) ☐ Direct the defendant to hire the plaintiff.
(b) ☐ Direct the defendant to re-employ the plaintiff.
(c) ☐ Direct the defendant to promote the plaintiff.
(d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
(e) ☒ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
(f) ☐ Direct the defendant to (specify): _____

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

(g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.

(h) ☐ Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)

Bonjour Mack

(Plaintiff's name)

Bonjour Mack

(Plaintiff's street address)

6400 N. SHERIDAN RD APT #1214

(City) CHICAGO (State) ILLINOIS (ZIP) 60626

(Plaintiff's telephone number) (773) 469-1723

Date: 8/8/17

ATU LOCAL 241

Union Fact Sheet

What: Happened? What is the grievance about? Make sure to include all points mentioned on the checklist for each type of grievance. If the grievance states that they have had a conversation with management that led to this grievance, please have them write down to the best of their recollection the conversation with dates, times and any other important information and attach it to this document. Also, please have the grievant sign and date all documents turned in to the Local:

This operator was trying to gather her medical documentation in order to apply for a 1 Year extension of the area 605 program. After obtaining the proper medical records on December 8th 2008, the operator faxed the papers to Xavia Crittle, Claims examiner for Sedgwick. Sedgwick acknowledged receipt of the paperwork Xavia Crittle stated her deadline to make a decision was December 19th 2014. After faxing the documents to sedgwick, the operator immediately went to 567 Lake and met with Deshone Maddox, the benefits administrator for CTA. Despite the fact that this Transpired on Dec. 8th 2014 and The Separation letter states The deadline was Dec. 8th 2014. The operator was unjustly terminated.

When: Did the grievance occur? **Please insert date extremely important!** The grievance must be submitted by the Union within 30 calendar days or knowledge of the occurrence. Time and how often if applicable.

December 8th 2014

Where: Did the grievance occur? Exact location, i.e. department, bus including number, machine, aisle, desk, etc... include diagram if helpful.

567 Lake Street. Cta Headquarters



CHICAGO TRANSIT AUTHORITY

567 West Lake Street, 3rd Floor
Chicago, Illinois 60661-1498

TEL 312 681-2253
www.transitchicago.com

September 4, 2014

Bonjour Mack
Badge: 44800
P. O. Box 409036
Chicago, IL. 60640

Deadline
is Prior To
12/8/14

CERTIFIED MAIL: 7008 1830 0004 0615 7965

Re: Request for Extension

Dear Ms. Mack,

Effective 12/8/14, you have been in an inactive employment status for approximately two years. In accordance with TMD/Area 605 provisions, prior to 12/8/14, you may request a one-year extension of your inactive status after submitting acceptable medical documentation. The Medical documentation must detail that your condition will allow you to return to an active full-time permanent status within a year from 12/8/14. All medical documentation must be submitted to the CTA's Benefits Service Department via mail or fax (312) 681-2297. Failure to respond and submit requisite medical documentation before 12/8/14, will result in your removal from TMD/Area 605 and administrative separation.

If you do not return to an active employment status by 12/8/14, your TMD/Area 605 status will cease. Please be advised the following alternative options are available to you:

1. Occupational Injury Disability Pension;
2. Non-Occupational Disability Pension;
3. Normal Retirement;
4. Early Retirement; or
5. Administrative Separation.

If you wish to discuss these alternatives, please call DeShone Maddox (312) 681-2253.

Sincerely,

Lisa Walik
General Manager
Leave Management Services & Benefit Services

Sedgwick Claims Management Services, Inc.
PO BOX 14566
Lexington, KY 40512-4566



02/19/2015

Phone: (312) 759-2282 or 542-0020
Fax: (312) 542-0023

Bonjour K. Mack
R Apt. 1639
Chicago, IL 60654

{ THIS LETTER
APPROVE ME FOR
AN EXTENSION }

RE: **STD - Continued Medical Management – Request for Information**

Employer: Chicago Transit Authority
First Day Absent: 12/09/2012
Claim Number: 30121244669-0001
Badge Number: 44800

Dear Ms. Mack:

Sedgwick Claims Management Services administers Short Term Disability (STD) claims on behalf of Chicago Transit Authority. Short -Term Disability is approved when you are totally disabled and under the regular care of a Physician.

On 07/12/2013, you completed twenty-six weeks of Short Term Disability, which is the maximum. Your continued absence from work was medically validated from 12/05/2014 through 03/05/2015. You are required to provide supporting medical documentation every 90 days until you are released full duty. Please have your physician complete the enclosed Attending Physician's Statement and submit all relevant office notes and test results within 15 days from the date of this letter. We are enclosing a self-addressed envelope for the return of the requested documentation by 03/05/2015.

Based on your length of service, you may be eligible for Disability Pension. You should contact the Retirement plan for CTA employees at (312) 441-9694 regarding eligibility.

If you have any questions regarding your claim, please feel free to contact us at (312) 759-2282.

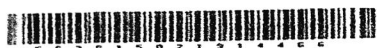
Sincerely,
Xavia Crittle
Claims Examiner

cc: 1121 - 77th Street Scheduled Operations
(via email)



4480 Released
off a Short Term
Disability on 7/12/13
+ was not
off for 2 years

5



2/19/2015

301212446690001

562015021914466



Claim Number: 30121244669-0001

ATTENDING PHYSICIAN STATEMENT OF CLAIM FOR DISABILITY ABSENCE

CTA Leave and Disability Group, P.O. Box 14566, Lexington, KY 40512; Telephone (312) 759-2282; Facsimile (312) 542-0023

To be completed by the Employee

IMPORTANT: This form is not to be used if sickness or injury is due to an injury on duty.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the undersigned provider to release any information acquired in the course of my examination or treatment to the Medical Services Provider, Sedgwick CMS, Blue Cross Blue Shield, and ComPsych to release to CTA information necessary to process my claim. Your claim cannot be processed until this document is completed and received.

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

Patient's name: Bonjour K. Mack

Date of Birth: 03/28/1967

Badge: 44800

Employee Signature

Date

To be completed by the Treating Physician

Job Title: TEMPORARY MEDICAL DISABILITY

1. (a) Please state the Patient's complaints:

(b) Your Diagnosis: (list all disabling diagnoses including all ICD9 codes)

Primary: ICD9 Code: Description:

Secondary: ICD9 Code: Description:

Describe objective/clinical findings to warrant disability, including severity and duration based on the patient's presentation during office visits:

(c) List all medications, identify dates of new meds or dose adjustments: (attach list if necessary)

(d) List all co-morbid conditions:

(e) If patient is pregnant, indicate estimated date of delivery ____/____/____

(f) Is a C-Section planned? Yes ☐ No ☐ If so what is the date of the planned C-Section? ____/____/____

2. Give all dates of treatments by you during this period of disability; also indicate date of follow up visit:

3. What is the prescribed treatment plan? (please provide specific details regarding treatment/therapy, attach notes if necessary):

Does the patient have any functional limitations and/or restrictions in current position at work for this disability period? Yes ☒ No ☐

If yes please describe:

4. Based on your personal knowledge and treatment, how long has the patient been totally disabled by this sickness and prevented from working?

From ____/____/____ to and including ____/____/____

5. Has the patient recovered sufficiently to return to work without restrictions? Yes ☐ No ☒

(a) If "Yes", give the date the patient was able to return to work ____/____/____

(b) If "No", when, in your opinion, may work be resumed? (Please do not use the terms "indefinite", "unknown", "undetermined", etc.) If a specific date cannot be determined, please estimate in days, weeks or months, the total duration of disability. ____/____/____

It has a progressive dystrophy of the retina and should not be a professional driver - she may be able to work in another capacity as she does have functional vision in the right eye:



* C 1 4 8 5 9 4 9 5 - 3 3 8 - 1 9 5 3 *



11/20/2014

301212446690001

562014112024836

